

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/06/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15E594		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 05/13/2011	
NAME OF PROVIDER OR SUPPLIER MCGIVNEY HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2907 EAST 136TH STREET CARMEL, IN46033			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaint IN00089855.</p> <p>Complaint IN00089855 substantiated, Federal deficiencies related to the allegations are cited at F221, F224 and F225.</p> <p>Survey dates: May 12 and 13, 2011</p> <p>Facility number: 000545 Provider number: 15E594 AIM number: 100267350</p> <p>Survey team: Rita Mullen, RN, TC</p> <p>Census bed type: NF: 29 Total: 29</p> <p>Census payor type: Medicaid: 26 Other: 3 Total: 29</p> <p>Sample: 3</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0221 SS=D	<p>Quality review completed on May 17, 2011 by Bev Faulkner, RN</p> <p>The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms. Based on record review and interview, the facility failed to ensure a restraint was not used for convenience by nursing staff for 1 of 3 residents reviewed for physical restraints in a sample of 3. (Resident B)</p> <p>Findings include:</p> <p>During an interview with the Executive Director (Administrator), on 5/12/11 at 10:30 A.M., she indicated there had been an incident on 4/24/11, regarding the restraint of Resident B with a sheet tied around him to keep him from standing up.</p> <p>Review of the facility investigation, dated 4/27/11, indicated it was started by Social Service on Monday, 4/25/11, the day after the incident. The investigation indicated this happened Sunday, 4/24/11, at noon. The charge nurse wanted to restrain the resident because he kept getting up from his wheelchair and setting off the personal</p>		F0221	<p>Disclaimer:Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.F 221 It is the policy of the facility to ensure all residents the right to be free from physical restraint and that restraints are not applied for staff convenience. The facility reported this issue to ISDH.1. The facility is a physical restraint-free building and, as such, does not use physical restraints on residents. Resident B was removed from the restraint. The Charge Nurse who instructed the CNAs and allowed the restraint on the resident is no longer employed at the facility. The CNAs involved in this issue</p>		06/12/2011	

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	<p>alarms. The charge nurse wanted a gait belt to tie the resident in the wheel chair but an extra one could not be found. She used a sheet, tied around his chest and knotted behind the wheel chair. He was taken into the dining room, where he ate, and was then taken back to his room and put in bed. He was restrained for 15 to 20 minutes.</p> <p>The clinical record of Resident B was reviewed on 5/12/11 at 10:00 A.M.</p> <p>Diagnoses for Resident B included, but were not limited to, restless leg syndrome, dementia, anxiety, behaviors and chronic pain.</p> <p>A quarterly Minimum Data Set assessment, dated 4/12/11, indicated Resident B was severely cognitively impaired and required the assistance of one staff member for activities of daily living.</p> <p>A Care Plan, dated 1/17/11 and last updated 4/17/11, indicated Resident B had a potential for falls...Approaches included, but were not limited to, "...gait belt [with] all transfers, medicated as ordered with anti-psychotic. Notify physician of any change in behavioral/mental status, bed and wheel chair alarm..., and ambulate [after]</p>				<p>were re-in-serviced on the facility being a physical restraint-free environment, stopping and reporting abuse immediately. 2. No other residents were affected by this practice.3. The Facility's Abuse Policy and Procedure was reviewed and revised.All Staff in-service conducted on: What is Elder Abuse and the Signs of Elder AbuseThe Facility's Abuse Policy and Procedure with Special Emphasis on being a Physical Restraint-Free Environment, Stopping and Reporting Abuse Immediately4. All staff are responsible to stop abuse and report abuse immediately. Staff failing to adhere to the facility Abuse Policies and Procedures will be counseled by their Supervisor/designee up to and including termination. Staff in-service on What is Elder Abuse and the Signs of Elder Abuse and The Facility's Abuse Policy and Procedure with Special Emphasis on being a Physical Restraint-Free Environment, Stopping and Reporting Abuse Immediately conducted in May/June and will be repeated in July 2011 by the SSD/DON. The Quality Assurance Committee will monitor compliance of the facility Abuse Policy and Procedure on a quarterly basis.The DON/designee is the Abuse Investigation Coordinator. Staff will receive Abuse Prohibition Training upon hire, annually and as needed.</p>		

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	<p>meals...."</p> <p>A review of the Nursing notes for April 23 and 24, 2011 did not indicate the resident had increased behaviors or that he had to be restrained for safety.</p> <p>During an interview with CNA #2, on 5/13/11 at 9:15 A.M., she indicated the charge nurse, LPN #1, told her "We have to get this guy restrained." He was hitting at staff. I didn't tie the sheet, I left the room. I know now that I should have called someone."</p> <p>During an interview with CNA #4, on 5/13/11 at 9:45 A.M., she indicated the resident had been getting up, out of his wheel chair and causing the alarm to sound. "The charge nurse told us we had to restrain him." The nurse, LPN #1, took him to his room and used a sheet to restrain him. The sheet was round his chest and tied behind the wheel chair. He was restrained about 15 - 20 minutes. It happened on Sunday at noon. We told the nurse, "We can't restrain him" but she said she was going to do it anyway.</p> <p>During an interview with the Executive Director, on 5/12/11 at 10:30 A.M., she indicated the nurse had resigned during the investigation of the incident and the resident was examined and was not</p>						

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F0224 SS=D	<p>injured.</p> <p>This Federal tag relates to Complaint IN00089855.</p> <p>3.1-3(w)</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on record review and interview, the facility failed to ensure the staff followed the facility policy in reporting a nurse to the facility administration for inappropriately restraining a confused resident. This impacted 1 of 3 residents reviewed</p>			F0224	<p>Disclaimer:Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.F 224 It is the policy of the facility to ensure all residents the right to be free from physical restraint and that restraints are not applied for staff convenience. The facility reported this issue to ISDH.1. The facility is a physical restraint-free building and, as such, does not use physical restraints on residents. Resident</p>		06/12/2011

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	<p>for restraints in a sample of 3. (Resident B)</p> <p>Findings include:</p> <p>A facility Policy for "Reportable Unusual Occurrences," dated 1/25/2006 with an addendum dated 10/23/09, received from the Executive Director, on 5/12/11, indicated the following:</p> <p>" Facility Reporting and Investigation Instructions:</p> <p>Facility must contact the</p>				<p>B was removed from the restraint. The Charge Nurse who instructed the CNAs and allowed the restraint on the resident is no longer employed at the facility. The CNAs involved in this issue were re-in-serviced on the facility being a physical restraint-free environment, stopping and reporting abuse immediately. 2. No other residents were affected by this practice.3. The Facility's Abuse Policy and Procedure was reviewed and revised.All Staff in-service conducted on: What is Elder Abuse and the Signs of Elder AbuseThe Facility's Abuse Policy and Procedure with Special Emphasis on being a Physical Restraint-Free Environment, Stopping and Reporting Abuse Immediately4. All staff are responsible to stop abuse and report abuse immediately. Staff failing to adhere to the facility Abuse Policies and Procedures will be counseled by their Supervisor/designee up to and including termination. Staff in-service on What is Elder Abuse and the Signs of Elder Abuse and The Facility's Abuse Policy and Procedure with Special Emphasis on being a Physical Restraint-Free Environment, Stopping and Reporting Abuse Immediately conducted in May/June and will be repeated July 2011 by the SSD/DON. The Quality Assurance Committee will monitor compliance of the facility Abuse Policy and Procedure on a</p>		

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	<p>ISDH...within 24 hours upon determining a situation exists (or existed) that is reportable.</p> <p>...All staff are responsible to report any abuse to the Charge Nurse immediately. The Charge Nurse is to immediately contact the DON [Director of Nursing], who is the Abuse Coordinator, and/or the Administrator if the DON is unreachable."</p> <p>During an interview with</p>				<p>quarterly basis. The DON/designee is the Abuse Investigation Coordinator. Staff will receive Abuse Prohibition Training upon hire, annually and as needed. .</p>		

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	<p>the facility Executive Director, on 5/12/11 at 10:30 A.M., she indicated there had been an incident on 4/24/11, regarding the restraint of Resident B with a sheet tied around him to keep him from standing up.</p> <p>The clinical record of Resident B was reviewed on 5/12/11 at 10:00 A.M.</p> <p>Diagnoses for Resident B included, but were not limited to, restless leg syndrome, dementia, anxiety, behaviors and chronic pain.</p>						

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	<p>A quarterly Minimum Data Set assessment, dated 4/12/11, indicated Resident B was severely cognitively impaired and required the assistance of one staff member for activities of daily living.</p> <p>A Care Plan, dated 1/17/11 and last updated 4/17/11, indicated Resident B had a potential for falls...Approaches included, but were not limited to, "...gait belt [with] all transfers, medicated as ordered</p>						

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	<p>with anti-psychotic. Notify physician of any change in behavioral/mental status, bed and wheel chair alarm..., and ambulate [after] meals...."</p> <p>During an interview with CNA #2, on 5/13/11 at 9:15 A.M., she indicated the charge nurse, LPN #1, told her "We have to get this guy restrained." He was hitting at staff. "I didn't tie the sheet, I left the room. I know now that I should have called someone."</p>						

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	<p>During an interview with CNA #4, on 5/13/11 at 9:45 A.M., she indicated the resident had been getting up, out of his wheel chair and causing the alarm to sound. "The charge nurse told us we had to restrain him." The nurse, LPN #1, took him to his room and used a sheet to restrain him. The sheet was round his chest and tied behind the wheel chair. He was restrained about 15 - 20 minutes. It happened on Sunday at noon.</p> <p>During an interview with</p>						

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	<p>the Executive Director, on 5/12/11 at 10:30 A.M., she indicated a nurse had come to her on the morning of 4/25/11, and said she had over heard some CNAs talking that morning about what had happened over the weekend. A resident had been restrained with a sheet or gait belt. The staff that had worked the weekend were called but didn't respond until 4/26/11.</p> <p>The facility investigation, dated</p>						

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	4/27/11, was started by Social Service on Monday, 4/25/11, the day after the incident. The investigation indicated this happened Sunday, the 4/24/11, at noon. The charge nurse wanted to restrain the resident because he kept getting up from his wheelchair and setting off the personal alarms. The charge nurse wanted a gait belt to tie the Resident in the wheel chair but an extra one could not be found. She use a sheet, tied around his chest and knotted						

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	behind the wheel chair. He was taken into the dining room, where he ate, and was then taken back to his room and put in bed. He was restrained for 15 to 20 minutes. This Federal tag relates to Complaint IN00089855. 3.1-28(a)						

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F0225 SS=D	<p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on record review and</p>			F0225	Disclaimer:Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the		06/12/2011

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	<p>interview, the facility failed to ensure the staff immediately reported a nurse, to the facility administration, for inappropriately restraining a confused Resident. This impacted 1 of 3 residents</p>				<p>survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements. F 225 It is the policy of the facility to ensure all residents the right to be free from physical restraint and that restraints are not applied for staff convenience. The facility reported this issue to ISDH. 1. The facility is a physical restraint-free building and, as such, does not use physical restraints on residents. Resident B was removed from the restraint. The Charge Nurse who instructed the CNAs and allowed the restraint on the resident is no longer employed at the facility. The CNAs involved in this issue were re-in-serviced on the facility being a physical restraint-free environment, stopping and reporting abuse immediately. 2. No other residents were affected by this practice. 3. The Facility's Abuse Policy and Procedure was reviewed and revised. All Staff in-service conducted on: What is Elder Abuse and the Signs of Elder Abuse The Facility's Abuse Policy and Procedure with Special Emphasis on being a Physical Restraint-Free Environment, Stopping and Reporting Abuse Immediately 4. All staff are responsible to stop abuse and report abuse immediately. Staff failing to adhere to the facility</p>		

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NAME OF PROVIDER OR SUPPLIER MCGIVNEY HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2907 EAST 136TH STREET CARMEL, IN46033			
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	<p>reviewed for restraints in a sample of 3. (Resident B)</p> <p>Findings include:</p> <p>During an interview with the facility Executive Director, on 5/12/11 at 10:30 A.M., she indicated there</p>				<p>Abuse Policies and Procedures will be counseled by their Supervisor/designee up to and including termination. Staff in-service on What is Elder Abuse and the Signs of Elder Abuse and The Facility's Abuse Policy and Procedure with Special Emphasis on being a Physical Restraint-Free Environment, Stopping and Reporting Abuse Immediately conducted in May/June and will be repeated in July 2011 by the SSD/DON. The Quality Assurance Committee will monitor compliance of the facility Abuse Policy and Procedure on a quarterly basis. The DON/designee is the Abuse Investigation Coordinator. Staff will receive Abuse Prohibition Training upon hire, annually and as needed.</p>		

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	<p>had been an incident, on 4/24/11, regarding the restraint of Resident B with a sheet tied around him to keep him from standing up. She indicated a nurse had come to her on the morning of 4/25/11, and said</p>						

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	<p>she had over heard some CNAs talking that morning about what had happened over the weekend. A resident had been restrained with a sheet or gait belt. "The CNAs did not call me."</p> <p>During an</p>						

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	<p>interview with CNA #2, on 5/13/11 at 9:15 A.M., she indicated the charge nurse, LPN #1, told her "We have to get this guy restrained." He was hitting at staff. "I didn't tie the sheet, I left the room. I know</p>						

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	<p>now that I should have called someone."</p> <p>During an interview with CNA #4, on 5/13/11 at 9:45 A.M., she indicated the resident had been getting up, out of his wheel chair and causing the</p>						

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	alarm to sound. "The charge nurse told us we had to restrain him." The nurse, LPN #1, took him to his room and used a sheet to restrain him. The sheet was round his chest and tied behind the wheel chair. He was restrained about						

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	<p>15 - 20 minutes.</p> <p>It happened on Sunday at noon.</p> <p>The clinical record of Resident B was reviewed on 5/12/11 at 10:00 A.M.</p> <p>Diagnoses for Resident B included, but</p>						

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	<p>were not limited to, restless leg syndrome, dementia, anxiety, behaviors and chronic pain.</p> <p>A quarterly Minimum Data Set assessment, dated 4/12/11, indicated Resident B was</p>						

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	<p>severely cognitively impaired and required the assistance of one staff member for activities of daily living.</p> <p>A Care Plan, dated 1/17/11 and last updated 4/17/11, indicated Resident B had a</p>						

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	<p>potential for falls...Approaches included, but were not limited to, "...gait belt [with] all transfers, medicated as ordered with anti-psychotic. Notify physician of any change in behavioral/mental status, bed and</p>						

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	<p>wheel chair alarm..., and ambulate [after] meals...."</p> <p>A review of the Nursing notes for April 23 and 24, 2011 did not indicate the resident had increased behaviors, or that he had to be</p>						

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	restrained for safety. This Federal tag relates to Complaint IN00089855. 3.1-28(c)						